



THE AFFORDABLE CARE ACT STRENGTHENING MEDICARE

Nearly 50 million older Americans and Americans with disabilities rely on Medicare each year. The new health care law makes Medicare stronger by adding new benefits, fighting fraud, cutting costs, and improving care for patients:



CUTTING COSTS

NEARLY
\$4,200


The amount the average person with Medicare will save by 2021 because of the new law.



CHEAPER
PRESCRIPTION DRUGS

\$3.4 BILLION

Seniors and people with disabilities on Medicare saved over \$3.4 billion so far on prescription drugs because of the new health care law.



CLOSING THE DONUT
HOLE BY 2020

By 2020, the Medicare prescription drug coverage gap will be closed.

\$15,700

Seniors who have prescription drug costs that hit the “donut hole” will save as much as \$15,700 by 2021.



FREE PREVENTIVE
SERVICES

32.5 MILLION

Number of Medicare recipients provided with at least one new free preventive service in 2011 due to the Affordable Care Act.

Recommended preventive services that are covered include screenings for:

- Cancer
- Diabetes
- Blood pressure



FIGHTING FRAUD

20-50%

The Affordable Care Act increases federal sentencing guidelines for health care fraud offenses by 20–50 percent for major fraud crimes.


\$635

The average savings Medicare beneficiaries who hit the donut hole received on prescription drugs so far.



FIGHTING MEDICARE & MEDICAID FRAUD

The Affordable Care Act takes historic steps toward combating health care fraud, waste and abuse by providing critical new tools to crack down on entities and individuals attempting to defraud Medicare, Medicaid, and other health care programs.



ENFORCEMENT

1,430
CHARGED


The number of individuals charged with criminal fraud increased from 797 in fiscal year 2008 to 1,430 in fiscal year 2011—an increase of more than 75 percent.



SAVING MONEY FOR TAXPAYERS

\$10.7 BILLION

The Health Care Fraud and Abuse Control Program (HCFAC) has returned 10.7 billion dollars to the Medicare Trust Funds since the beginning of the Obama administration in 2009.



BRINGING THE HEAT

The Health Care Fraud Prevention and Enforcement Action Team (HEAT) has helped stop unprecedented numbers of suspected criminals including 150 defendants charged with approximately \$950 million in fraud over the last several months.

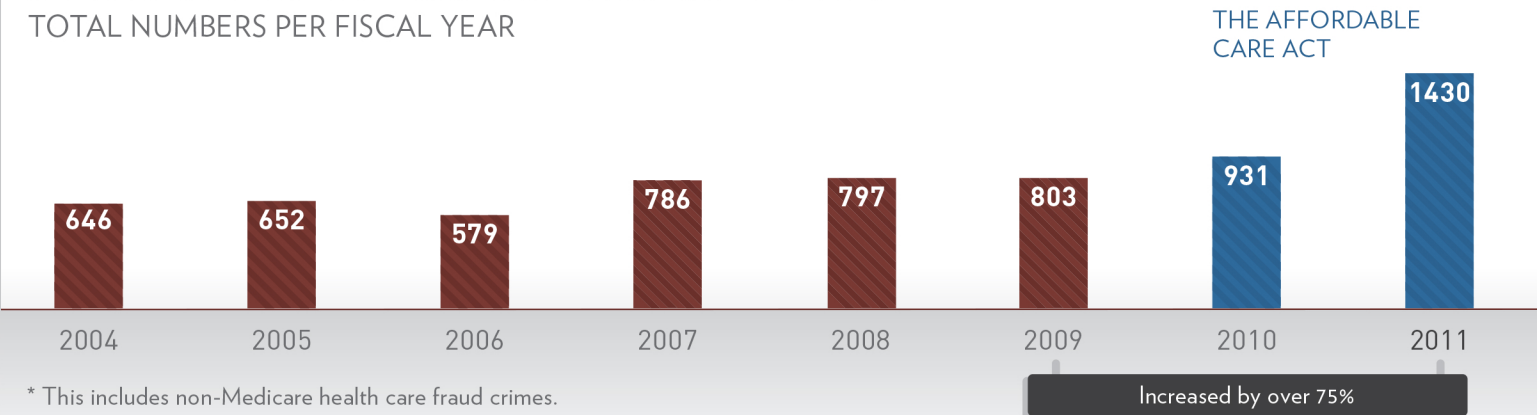


1.5 MILLION

The number of home health agencies, medical equipment suppliers, doctors, hospitals & providers who will be rescreened to ensure they are not defrauding taxpayers.

- \$10.7 BILLION IS...
- enough to pay for 2 years of wellness visits for everyone in Medicare.
 - enough to pay for all of the recommended mammograms for the 25 million women in Medicare for a decade.
 - enough to pay for all of the ambulance trips that Medicare covers in 2 years.
 - enough to pay for the first five years of drug discounts to Medicare beneficiaries, according to CBO estimates.

DEFENDANTS WITH FRAUD CHARGES AGAINST THEM*
TOTAL NUMBERS PER FISCAL YEAR



* This includes non-Medicare health care fraud crimes.

SOURCE: OIG, HHS, DOJ